PTO/SB/06 (08-03)

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to a collection of information unless it displays a yaid OMB control number.

		NT APPLICA	ubstitute (for Form PTO-	875				OTHER	THAN
		CLAIMS AS FI		ART I (Colum	mn 2)	SMALL EN	ITITY	OR F	SMALL E	
FOR NUMBER FILED			FILED	NUMBER	EXTRA	RATE	FEE	}	RATE	FEE
SIC I	FEE R 1.16(a))						<u></u>	OR		<u> </u>
OYAL CLAIMS 7 CFR 1.16(c)) minus 20			ninus 20 =	1.		x s=		OR	x s=	
DEP	DEPENDENT CLAIMS			1.		x s <u>.</u> =		OR	x s=	
17 CFR 1.16(b)) minus 3 2 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII						+ \$ =		OR	+ 5=	
		lumn 1 is less than				TOTAL		OR	TOTAL	
If the										
J	CLI	AIMS AS AMEI 	40ED -		(Column 3)	SMALL E	NTITY	OR	OTHER SMALL	
<u>)-</u>	1265	(Column 1)	———	(Column 2)	(COMMIN 3)]	RATE	ADDI-
_	·	CLAIMS REMAINING AFTER	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RAIC	TIONAL
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₹	FIRST PRESENTA	ATION OF MULTIPLE	DEPENDEN	IT CLAIM (37 CF	R 1.16(d))	+ S =	/	1	TOTAL	1
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				(Column 2)	(Column 3)			_		
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		CLAIMS REMAINING		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL FEE
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ENDMENT		CLAIMS REMAINING AFTER	Minus Minus	NUMBER PREVIOUSLY PAID FOR	EXTRA		TIONAL	OR		TIONAL
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